## FISCAL YEAR 2001-2002



## Our Community's HEALTH STATUS REPORT

## **EPIDEMIOLOGY**

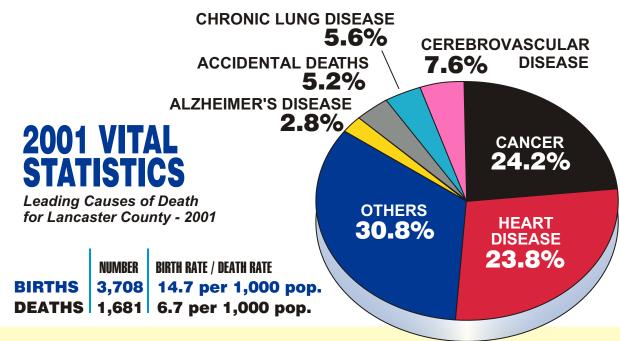
is the foundation for a planned approach to promoting and protecting the community's health.

The staff at the Health
Department studies the
distribution and determinants of
disease, injuries, mortality and
the state of health of Lancaster
County residents. This job
requires collecting, analyzing
and interpreting outcomespecific data for use in the
planning, implementation and
evaluation of public health
practices and services in
Lancaster County.

Epidemiologic data provides the knowledge and information on the types of problems that require attention and the need for public health services.

-		<b>*</b>	<b>V</b>	•
_	Selected Health Indicators from Healthy People 2010	1999	2001	2010 Objective (desired)
	% of school aged children who have visited a dentist in the past 12 months	71.3	74.2	98.0
	% of adults who have seen a dentist in the past 12 months	75.9	72.1	85.0
	% of women (50+ years) who have had a mammogram within the preceding 2 years	77.6	87.0	85.0
	% of males (50+ years) who have had a prostate exam within the preceding 2 years	NA	79.7	50.0
	% of youth (grades 9-12) who engage in moderate physical activity	20.0	27.0	30.0
	% of adults who are overweight	30.9	31.3	15.0
	% of adults who smoke (current smoker)	22.5	21.8	13.0
	% of youth (9-12) who've smoked the last 30 days	38.0	31.2	15.0
	% of children under 6 years of age with elevated blood lead levels (>10ug/d)	9.9	2.4	7.3
	Measured levels of ozone	< 0.08 ppm	< 0.08 ppm	< 0.08 ppm
	Measured levels of fine particulate	< 15 uglm <sup>3</sup>	< 15 uglm³	< 15 uglm <sup>3</sup>

The major success stories are associated with reduction in blood lead levels of children under 6 years and attainment of desired air quality. In the last two years, we have also seen progress on physical activity, and decline in youth smoking. The important public health issues in the next ten years include health disparities, chronic disease, mental health, obesity, and access to care.



**LINCOLN** is a city growing in diversity and requires a diverse approach in delivering personal and environmental health services.

TOTAL POPULATION	WHITE	BLACK	NATIVE American	AISIAN	OTHER	HISPANIC	TOTAL Minorities
250,291	225,476	7,052	1,599	7,311	4,225	8,437	20,187

Health Disparities		<b>WHITE</b> 1999 2001		<b>DRITY</b> 2001
% of low weight births	6.3	6.0	14.1	12.9 <i>(Black)</i>
Infant deaths per 1,000 live births	6.4	6.3	16.9	<sup>15.5</sup> (Black)
% of mothers not receiving first trimester prenatal care	14.7	13.5	35.8	35.6 (All minorities)
% of adults without health insurance	9.1	6.1	NA	21.7 (All minorities)